Dear traveller – vaccinations should be given at least 2 months before you travel. This form should be completed and handed in to reception at least 1 week before your appointment with the nurse.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | |  |  |  | Date of birth | | | | | | | | |  |  |  | | |  |
|  | |  |  |  |  | | | | |  | | |  |  |  |  | | |  |
|  | |  |  |  | Male□ | | | | | Female □ | | | |  |  |  | | |  |
|  | |  |  |  |  | | | | |  | | |  |  |  |  | | |  |
| E mail: | |  |  |  | Telephone number: | | | | | | | | |  |  |  | | |  |
|  | |  |  |  | Mobile number: | | | | | | | | |  |  |  | | |  |
| **PLEASE SUPPLY INFORMATION ABOUT YOUR TRIP IN THE SECTIONS BELOW** | | | | | | | | | | | | | |  |  |  | | |  |
| Date of departure: | |  |  |  | If flying, how many hours is the flight to your destination: | | | | | | | | | | |  | | |  |
|  | |  |  | |  | | | | |  | | |  |  |  |  | | |  |
| **COUNTRY TO BE VISITED** | |  | **EXACT LOCATION OR REGION** | | | | | | | **CITY OR RURAL** | | | |  | **LENGTH OF STAY** | | | |  |
| 1. | |  |  |  |  | |  | |  |  | |  |  |  |  |  | | |  |
|  | |  |  |  |  | |  | |  |  | |  |  |  |  |  | | |  |
| 2. | |  |  |  |  | |  | |  |  | |  |  |  |  |  | | |  |
|  | |  |  |  |  | |  | |  |  | |  |  |  |  |  | | |  |
| 3. | |  |  |  |  | |  | |  |  | |  |  |  |  |  | | |  |
|  | | |  | | | | | | |  | |  |  |  |  |  | | |  |
| Have you taken out travel insurance for this journey? | | | | | | | | | |  | |  |  |  |  |  | | |  |
| Do you plan to travel abroad again in the future? | | | | | | | | | |  | |  |  |  |  |  | | |  |
|  | | | | | | | | | | | | |  |  |  |  | | |  |
| **TYPE OF TRAVEL AND PURPOSE OF TRIP- PLEASE TICK ALL THAT APPLY** | | | | | | | | | | | | | |  |  |  | | |  |
| □ Holiday | | □ Staying in hotel | | □ Backpacking | | | | | |  | |  | Additional information | | | | | |  |
| □ Business trip | | □ Cruise ship trip | | □ Camping/hostels | | | | | | | | |  |  |  |  | | |  |
| □ Expatriate | | □ Safari | | □ Adventure | | | | | |  | |  |  |  |  |  | | |  |
| □ Volunteer work | | □ Pilgrimage | | □ Diving | | | | | |  | |  |  |  |  |  | | |  |
| □ Healthcare worker | | □ Medical tourism | | □ Visiting friends/family | | | | | | | | | |  |  |  | | |  |
|  | | | | | | | | | |  | |  |  |  |  |  | | |  |
| **PLEASE SUPPLY DETAILS OF YOUR PERSONAL MEDICAL HISTORY** | | | | | | | | | |  | |  |  |  |  |  | | |  |
|  | |  |  |  |  | | **YES** | |  | **NO** | | **DETAILS & DATES** | | | | | | | |
| Are you fit and well today | |  |  |  |  | |  | |  |  | |  |  |  |  |  | | |  |
| Any allergies including food, latex, medication | | | |  |  | |  | |  |  | |  |  |  |  |  | | |  |
| Severe reaction to a vaccine before | | | |  |  | |  | |  |  | |  |  |  |  |  | | |  |
| Tendency to faint with injections | | | |  |  | |  | |  |  | |  |  |  |  |  | | |  |
| Any surgical operations in the past, including e.g. your | | | | | | |  | |  |  | |  |  |  |  |  | | |  |
| spleen or thymus gland removed | | | |  |  | |  | |  |  | |  |  |  |  |  | | |  |
| Recent chemotherapy/radiotherapy/organ transplant | | | | | | |  | |  |  | |  |  |  |  |  | | |  |
| Anaemia | |  |  |  |  | |  | |  |  | |  |  |  |  |  | | |  |
| Bleeding /clotting disorders (including history of DVT) | | | | | | |  | |  |  | |  |  |  |  |  | | |  |
| Heart disease (e.g. angina, high blood pressure) | | | |  |  | |  | |  |  | |  |  |  |  |  | | |  |
| Diabetes | |  |  |  |  | |  | |  |  | |  |  |  |  |  | | |  |
| Disability | |  |  |  |  | |  | |  |  | |  |  |  |  |  | | |  |
| Epilepsy/seizures | |  |  |  |  | |  | |  |  | |  |  |  |  |  | | |  |
| Gastrointestinal (stomach) complaints | | | |  |  | |  | |  |  | |  |  |  |  |  | | |  |
| Liver and or kidney problems | | | |  |  | |  | |  |  | |  |  |  |  |  | | |  |
| HIV/AIDS | |  |  |  |  | |  | |  |  | |  |  |  |  |  | | |  |
| Immune system condition | | | |  |  | |  | |  |  | |  |  |  |  |  | | |  |
|  |  | | | | | **YES** | | **NO** | | | **DETAILS & DATES** | | | | | | |
| Mental health issues (including anxiety, depression) | | | | | |  | |  | | |  | | | | | |  |
| Neurological (nervous system) illness | | | | | |  | |  | | |  | | | | | |  |
| Respiratory (lung) disease | | | | | |  | |  | | |  | | | | | |  |
| Rheumatology (joint) conditions | | | | | |  | |  | | |  | | | | | |  |
| Spleen problems | | | | | |  | |  | | |  | | | | | |  |
| Any other conditions? | | | | | |  | |  | | |  | | | | | |  |
| **Women only** | | | | | | | |  | | |  | | | | | |  |
| Are you pregnant? | | | | | |  | |  | | |  | | | | | |  |
| Are you breast feeding? | | | | | |  | |  | | |  | | | | | |  |
| Are you planning pregnancy while away? | | | | | |  | |  | | |  | | | | | |  |
|  |  | | | | | | | | | | | | | | | |  |
|  | **Are you currently taking any medication** (including prescribed, purchased or a contraceptive pill)? | | | | | | | | | | | | | | | |  |
|  |  | | | | |  | |  | | |  | | | | | |  |
|  |  | | | | |  | |  | | |  | | | | | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **PLEASE SUPPLY DATES OF ANY VACCINES OR MALARIA TABLETS TAKEN IN THE PAST** | | | | | |
|  |  |  |  |  |  |
| Tetanus/polio/diphtheria | |  | MMR |  | Influenza |  |
|  | |  |  |  |  |  |
| Typhoid | |  | Hepatitis A |  | Pneumococcal |  |
|  | |  |  |  |  |  |
| Cholera | |  | Hepatitis B |  | Meningitis |  |
|  |  |  |  |  |  |  |
| Rabies | |  | Japanese |  | Tick Borne |  |
|  | Encephalitis |  | Encephalitis |  |
|  |  |  |  |  |
| Yellow fever | |  | BCG |  | Other | |
|  |  |  |  |
|  | |  |  |  |  |  |
| Malaria Tablets | | |  |  |  |  |
|  | | | |  |  |  |
|  | | | |  |  |  |
| **Any additional information** | | | |  |  |  |
|  |  |  |  |  |  |  |